

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

10/04/2004

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Woodard, Emhardt, Naughton, Moriarty and McNett

Bank One Center/Tower

111 Monument Circle, Suite 3700

Indianapolis, IN 46204-5137

01/07/2005 HBEYENE2 00000170 10017827

01 FC:1501

1400.00 OP

02 FC:1504

300.00 OP

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

| | |
|---------------------|--------------------|
| Troy J. Cole | (Depositor's name) |
| <i>Troy J. Cole</i> | (Signature) |
| January 3, 2005 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/017,827 | 12/07/2001 | Timothy W. Brooks | 1067-272 | 5024 |

TITLE OF INVENTION: HYBRID ELECTRICAL CONNECTOR FOR A LAMP-TO-HARNESS INTERFACE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------------|--------------|--------------------------|-----------------|--------------------------|------------|
| nonprovisional | NO | \$1570 \$1400 | \$300 | \$1670 \$1700 | 01/04/2005 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| HAMMOND, BRIGGITTE R | 2833 | 439-606000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 WOODARD, EMHARDT, MORIARTY,
 MCNETT & HENRY LLP
 PATENT AND TRADEMARK ATTORNEYS
 BANK ONE CENTER TOWER
 3111 MONUMENT CIRCLE, SUITE 3700
 INDIANAPOLIS, INDIANA 46204-5137

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Grote Industries, Inc.

Madison, Indiana, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

- ☐ A check in the amount of the fee(s) is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-2030 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

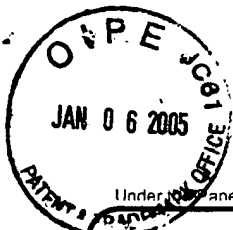
Date

Typed or printed name

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (11-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
1700.⁰⁰**Complete if Known**

| | |
|----------------------|----------------------|
| Application Number | 10/017,827 |
| Filing Date | 12/07/2001 |
| First Named Inventor | Timothy W. Brooks |
| Examiner Name | Hammond, Brigitte R. |
| Art Unit | 2833 |
| Attorney Docket No. | 1067-272 |

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order☒ Deposit Account ☐ NoneDeposit
Account
Number
Deposit
Account
Name

23-3030

Woodard, Emhardt et al

The Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- ☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify):

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING FEE**

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid (\$) |
|------------------------|----------|-----------------------|---------------|
| Utility Filing Fee | 790 | 395 | |
| Design Filing Fee | 350 | 175 | |
| Plant Filing Fee | 550 | 275 | |
| Reissue Filing Fee | 790 | 395 | |
| Provisional Filing Fee | 160 | 80 | |

Subtotal (1) \$

FEE CALCULATION (continued)**2. EXTRA CLAIM FEES**

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 | 18 | 9 |
| Each independent claim over 3 | 88 | 44 |
| Multiple dependent claims | 300 | 150 |
| For Reissues, each claim over 20 and more than in the original patent | 18 | 9 |
| For Reissues, each independent claim more than in the original patent | 88 | 44 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------|----------|---------------|
|---------------------------|----------|---------------|

Subtotal (2) \$

3. OTHER FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid (\$) |
|-------------------------------------|----------|-----------------------|---------------|
| 1-month extension of time | 110 | 55 | |
| 2-month extension of time | 430 | 215 | |
| 3-month extension of time | 980 | 490 | |
| 4-month extension of time | 1,530 | 765 | |
| 5-month extension of time | 2,080 | 1,040 | |
| Information disclosure stmt. fee | 180 | 180 | |
| 37 CFR 1.17(q) processing fee | 50 | 50 | |
| Non-English specification | 130 | 130 | |
| Notice of Appeal | 340 | 170 | |
| Filing a brief in support of appeal | 340 | 170 | |
| Request for oral hearing | 300 | 150 | |

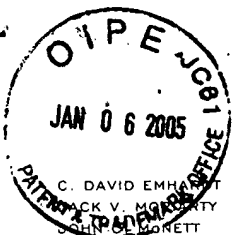
Other: Issue Fee & Publication Fee 1700

Subtotal (3) \$ 1700.⁰⁰**SUBMITTED BY**

| | | | | | |
|-------------------|---------------------|-----------------------------------|--------------|-----------|----------------|
| Signature | <i>Troy J. Cole</i> | Registration No. (Attorney/Agent) | 35,102 | Telephone | (317) 634-3456 |
| Name (Print/Type) | Troy J. Cole | Date | Jan. 3, 2004 | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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January 3, 2005

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Sir:

The enclosed PTO-2038 form authorizes the issue fee payment in the amount and manner set forth below to be charged to the American Express Card number stated on said form. Please charge any additional fees which may be due or credit any overpayments to deposit account No. 23-3030.

1. Issue fee due on Timothy W. Brooks application, Ser. No. 10/017,827 entitled HYBRID ELECTRICAL CONNECTOR FOR A LAMP-TO-HARNESS INTERFACE - see attached sheet.

\$ 1400.00

2. Publication fee due on patent serial No. 10/017,827 - see attached sheet

300.00

TOTAL BALANCE TO BE PAID:

\$ 1700.00

Sincerely,

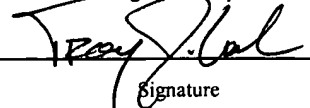
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Enclosures

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Troy J. Cole

Name of Registered Representative



Signature

January 3, 2005

Date of Signature